

Work Order # \_\_\_\_\_ Job # \_\_\_\_\_ Activity # \_\_\_\_\_

**1. Work requester fills out this section**
**STANDING WORK PERMIT**

Requester: T. SHEA Date: 11/21/02 Ext. 3454 Dept/Div/Group: PO / PHENIX  
 Other Contact person (if different from requester): PETE KROON Ext. 5114  
 Work Control Coordinator PETE KROON Start Date 11/21/02 Est. End Date 11/21/02  
 Description of Work / Problem: TROUBLESHOOT DRIFT (HANDOFF ELECTRONICS) FROM AN EXTENSION  
LADDER BETWEEN THE CENTRAL MAGNET AND THE EAST CARTRIDGE.  
WORK INVOLVES MEASUREMENT OF 47 V TEST POINTS  
 Building 1007 Room IR Equipment LADDER Service Provider \_\_\_\_\_  
HAND TOOLS

**2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis**
**ES&H Analysis**

**RADIATION CONCERNS** ☒ NONE ☐ Activation ☐ Airborne ☐ Contamination ☐ Radiation ☐ OTHER \_\_\_\_\_  
☐ Special nuclear materials involved, notify Isotope Special Materials Group ☐ Fissionable materials involved, notify Laboratory Criticality Officer

**SAFETY CONCERNS** ☐ NONE  
☐ Adding / Removing Walls or Roofs ☐ Confined Space\* ☐ Explosives ☐ Lead\* ☐ Penetrating Fire Wall  
☐ Asbestos\* ☐ Corrosive ☐ Flammable ☐ Magnetic Field ☐ Pressurized Systems  
☐ Beryllium\* ☐ Cryogenic ☐ Fumes/Mist/Dust\* ☐ Material Handling ☐ Rigging/Critical Lift  
☐ Biohazard\* ☒ Elevated Work\* ☐ Heat/Cold Stress\* ☐ Noise\* ☐ Toxic Materials\*  
☐ Chemicals\* ☐ Excavation ☐ Hydraulic ☐ Non-ionizing Radiation ☐ Vacuum  
☐ Lasers\* ☐ Oxygen Deficiency\* ☐ OTHER \_\_\_\_\_  
 \*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

**ENVIRONMENTAL CONCERNS** ☒ NONE  
☐ Atmospheric Discharges (rad/non-rad) ☐ Liquid Discharges ☐ Work impacts Environmental Permit No. \_\_\_\_\_  
☐ Chemical or Rad Material Storage or Use ☐ Oil / PCB Management ☐ Soil activation/contamination ☐ Waste - Mixed  
☐ Cesspools (UIC) ☐ Protected areas / species ☐ Waste - Clean ☐ Waste - Radioactive  
☐ High water / power consumption ☐ Spill potential ☐ Waste - Hazardous ☐ Waste - Regulated Medical  
☐ OTHER \_\_\_\_\_

Waste disposition by: \_\_\_\_\_

**POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY:** ☒ None ☐ Yes

**Facility Concerns**

☒ NONE  
☐ Access/Egress Limitations ☐ Impacts Facility Use Agreement ☐ Temperature Change ☐ OTHER \_\_\_\_\_  
☐ Configuration Control ☐ Maintenance Work on Ventilation Systems ☐ Utility Interruptions  
☐ Electrical Noise ☐ Potential to Cause a False Alarm ☐ Vibrations

**Work Controls**

**WORK PRACTICES** ☐ NONE ☐ Exhaust Ventilation ☐ Lockout/Tagout ☐ Spill Containment  
☒ Back-up Person/Watch ☐ HP Coverage ☐ Posting/Warning Signs ☐ Time Limitation  
☐ Barricades ☐ IH Survey ☐ Scaffolding - requires inspection ☐ Warning alarm (i.e. "high level")

**PROTECTIVE EQUIPMENT** ☒ NONE ☐ Ear Plugs ☐ Gloves ☐ Lab Coat ☐ Safety Glasses  
☐ Coveralls ☐ Ear Muffs ☐ Goggles ☐ Respirator ☐ Safety Harness  
☐ Disposable Clothing ☐ Face Shield ☐ Hard Hat ☐ Shoe covers ☐ Safety Shoes ☐ OTHER \_\_\_\_\_

**PERMITS REQUIRED** *Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.*  
 (Please attach) ☒ NONE ☐ Cutting/Welding ☐ Impair Fire Protection Systems  
☐ Concrete/Masonry Penetration ☐ Digging/Core Drilling ☐ Rad Work Permit - RWP No. \_\_\_\_\_  
☐ Confined Space Entry ☐ Electrical Working Hot ☐ OTHER \_\_\_\_\_

**DOSIMETRY/ MONITORING** ☒ NONE ☐ Heat Stress Monitor ☐ Real Time Monitor ☐ TLD  
☐ Air Effluent ☐ Noise Survey/Dosimeter ☐ Self-reading Pencil Dosimeter ☐ Waste Characterization  
☐ Ground Water ☐ O<sub>2</sub>/Combustible Gas ☐ Self-reading Digital Dosimeter ☐ OTHER \_\_\_\_\_  
☐ Liquid Effluent ☐ Passive Vapor Monitor ☐ Sorbent Tube/Filter Pump

**Training Requirements** (List below any location specific training requirements)

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

**ES&H Risk Level:** ☒ LOW \_\_\_\_\_ MODERATE \_\_\_\_\_ HIGH

**Complexity Level:** ☒ LOW \_\_\_\_\_ MODERATE \_\_\_\_\_ HIGH

**Work Coordination:** ☒ LOW \_\_\_\_\_ MODERATE \_\_\_\_\_ HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

3. Both work requester and service provider coordinate on work plan (use attachments for detailed plans)

**Work Plan:** (procedures, timing, equipment, and personnel availability need to be addressed)

ERECT AND SECURE A 10 FOOT EXTENSION LADDER BETWEEN THE TOP OF THE CENTRAL MAGNET OUTRIGGER AND THE EAST <sup>BY WEST</sup> CARTRIDGE ACCESS THE ELECTRONICS OF THE DRIFT CHAMBER FROM THE LADDER TO CHECK ELECTRICAL CONNECTIONS AND MEASURE THE 48 V SUPPLY AT THE ELECTRONICS CABLES, IF NECESSARY, REMOVE ONE FEM CORD FOR FURTHER TROUBLESHOOTING.

Special Working Conditions Required: \_\_\_\_\_

Operational Limits Imposed: \_\_\_\_\_

Post Work Testing Required: \_\_\_\_\_

Job Safety Analysis Required ☐ Yes ☒ No Walkdown Required ☐ Yes ☒ No

**Reviewed By:** Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other	C. Pearson	Chad Pearson	15245	11/21/02
Other				
Work Control Coordinator*				
Service Provider*				

\*Only signatures required for concurrence on LOW rated jobs.

Review done: in series . team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site Supervisor

Contractor Supervisor

Workers: <u>W. Paul Tully</u>	Life # <u>P6227</u>	Workers: _____	Life # _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Work Requester or designee fills out this section

**Conditions are Appropriate to Start Work:** (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

6. Work Requester determines if Post Job Review is required ☐ No ☐ Yes (Fill in names of reviewers)

**Post Job Review:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

7. Worker provides feedback

**Worker Feedback:**

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

**Closeout:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_